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T070260

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- ☐ Letter
☐ Memorandum
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Notegram:

Subject: POLICIES - USE OF
HUMAN VOLUNTEERS
IN IODINE PERMEATION
MEASUREMENTS
NOTEGRAM AND
ATTACHMENTS FROM
F. CARTAN

a. If letter or memo:

To: H. L. Spilker

From: F. O. Cartan

Subject:

b. If report:

Title:

4. Document Date:

October 28, 1969

c. If publication:

Name:

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Issue:

5. Notegram and attached procedure from F.O. Cartan to H.L. Spilker requesting review by legal staff. This is the notegram referenced in T070259.

6. Name and telephone number of person completing form: Thomas L. Baccus (208) 525-0696	7. Organization: Lockheed Idaho Technologies Co.	8. Date: March 23, 1995
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☐ Check here if a copy of the document is being sent to Headquarters.

HUMAN RADIATION EXPERIMENTS

RECORDS PROVENANCE FORM

REPOSITORY NAME	INEL
COLLECTION NAME	OFFICE OF CHIEF COUNSEL SUBJECT FILES
BOX NUMBER	INEL BOX NO. 23399
ADDITIONAL LOCATION INFORMATION	THE BOX IS STORED AT CFA-674-E RECORDS HOLDING AREA, LOCATION, UT6B THE RECORD STORAGE RECEIPT NUMBER IS 2613 FOLDER: SAFETY - 16 IODINE RADIATION EXPERIMENTS
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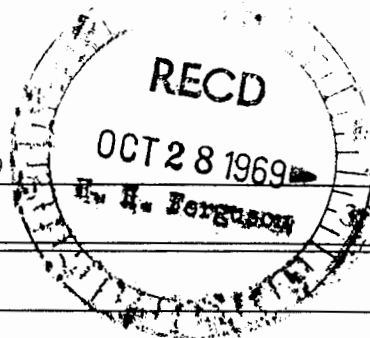
DOCUMENT NO.: T070260

DOCUMENT TITLE: POLICIES - USE OF HUMAN VOLUNTEERS IN IODINE
PERMEATION MEASUREMENTS NOTEGRAM AND ATTACHMENTS FROM
F. CARTAN

CROSS REFERENCES:

ITEMS OF INTEREST:

NOTEGRAM

Date October 28, 1969To H. L. Spilker Dept. Legal Address Headquarters, Rm. 349From F. O. Cartan Dept. NSAR Address MTR-667

Here is another version of the procedures for use when human volunteers take part in the Iodine permeability measurements. Please review it for legal and company requirements and let me know what changes you feel are needed.

Thank you,

Fred Cartan

PUT IT IN WRITING - WRITTEN MESSAGES SAVE TIME, PREVENT ANNOYING INTERRUPTIONS AND ERRORS

REPOSITORY

INELCOLLECTION OFFICE OF CHIEF COUNSEL SUBJECT FILES
23399, UT68 CFA-684EBOX No. FILE: SAFETY-16 IODINE RADIATION EXPERIMENTS
POLICY - USE OF HUMAN VOLUNTEERS INFOLDER IODINE PERMEATION EXPERIMENTS

Idaho Nuclear Corporation
Idaho Falls, Idaho
October 30, 1969

-Policies-
Use of Human Volunteers
in Iodine Skin Permeation Measurements

This letter describes policies and responsibilities concerned with the use of human volunteers in the Idaho Nuclear Program for the Measurement of the Permeability of Human Skin to Iodine or Iodine Compounds. These policies and procedures will apply to all Idaho Nuclear personnel who volunteer to take part in the program and to the methods and equipment used in the measurements.

Policies

1. The Idaho Nuclear employees taking part in the program must understand the nature and purpose of the measurements as well as the radiation exposure associated with it.
2. Participation in the study must be voluntary and is within the scope of employment with Idaho Nuclear Corporation.
3. An independent review board must approve methods and procedures used for all measurements involving human volunteers.

Responsibilities

The responsible supervisor must:

1. Insure that the experimental procedures and equipment to be used have been approved by the Review Board.
2. Insure that the participants have been selected by a physician on the basis of an examination and a personal interview, and that a summary of the examination and interview are filed with the participants medical record.
3. Insure that participation is voluntary.

4. Insure that the participants are fully informed as to the nature, importance, and purpose of the measurements and to the manner in which the measurements will be made and the amount of anticipated radiation exposure.
5. Insure that the participants do not receive excessive radio-iodine exposure to their thyroids. ^{calculates} The radiation dosage ^{should} not exceed the recommendations of the Federal Radiation Council.
6. Insure that a documented record of each participant's part in this measurement study is filed as part of his occupational exposure and/or medical file.

Attached are copies of (1) Voluntary Consent Form
(2) Individual Study Summary Form

INDIVIDUAL STUDY SUMMARY

Volunteer _____

Identification No. _____

Description of Measurement

Exposure Data

Nuclide _____ Chem. form _____ Phys. form _____

Exposure route _____

Critical Organ _____ Guide value _____

Exposure conditions _____

Action Taken

<u>Date</u>	<u>Measured Conc.</u>	<u>Exposure Period</u>	<u>Dose Recd.</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Total Dose _____

Date Study Completed _____ Investigator _____

VOLUNTARY CONSENT

I, _____, do hereby acknowledge that: (1) I have volunteered to participate personally in a scientific investigation conducted by the Idaho Nuclear Corporation for the U. S. Atomic Energy Commission; (2) I understand that the study requires me to be internally exposed to small quantities of a radioisotope that have been determined by the investigator and confirmed by a review committee to be less than the radiation guide limits permitted by INPP 6.15 or AECM 0524 for occupational exposure; (3) I understand that expert opinion regards the radiation exposures approved for this study to be so low that no harmful effects are expected; (4) I have read a description of the proposed measurement study and have been given ample opportunity to discuss and/or clarify any questions that I might have concerning it; (5) I have been informed and assured by my administrative superiors that participation in this study is not in any way a condition of my employment, and that I may refuse to participate, or withdraw my consent at any time during the course of the study, without incurring any adverse reaction to the normal course of my employment; (6) I understand that I will be required to undergo a physical examination under the direction of the Director, ID-USAEC Health Services Laboratory, prior to participation in the experiment, and that subsequent examinations will be required at the discretion of the Director, ID-USAEC Health Services Laboratory; and (7) I understand that a documented record of these studies will be on file in the Health Services Laboratory as part of my occupational exposure and/or medical record.

Signature of Witness

Signature of Volunteer

Date

REVIEW AND APPROVAL

Supervisor, Research Section

Date

Examining Physician

Date